

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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ANGEL RUIZ,	:	
	:	
Plaintiff,	:	
	:	17-CV-2216 (VEC)
-against-	:	
	:	<u>ORDER</u>
KERATINBAR INC. and 1976 HEALTHCARE INC.,	:	
	:	
Defendants.	:	
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VALERIE CAPRONI, United States District Judge:

WHEREAS on April 5, 2023, the Court ordered the parties to submit a joint letter to the Court by Tuesday, April 18, 2023 indicating whether either side objects to the Court staying this case until Plaintiff notifies the Court that he is prepared to proceed to trial or that he wishes to dismiss the action, *see* Order, Dkt. 163; and

WHEREAS on April 6, 2023, Plaintiff submitted a letter to the Court suggesting that he is not prepared to proceed *pro se*, *see* Letter, Dkt. 164;

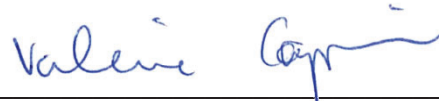
IT IS HEREBY ORDERED that not later than **Wednesday, April 26, 2023**, Plaintiff may, if he wishes to proceed to trial, make a request for pro bono counsel by filing the form attached to this Order on the docket through the Pro Se Office. Plaintiff is advised that filing a request for pro bono counsel does not guarantee that he will be appointed pro bono counsel.

IT IS FURTHER ORDERED that the parties' deadline to submit a letter as set forth in the Court's order at Dkt. 163 is extended *sine die* pending resolution of any request for pro bono counsel.

IT IS FURTHER ORDERED that the Clerk of Court is respectfully directed to mail a copy of this Order to Plaintiff and to note the mailing on the docket.

SO ORDERED.

Date: April 12, 2023
New York, NY

A handwritten signature in blue ink, reading "Valerie Caproni".

VALERIE CAPRONI
United States District Judge

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

____ CV _____ (____) (____)

Application for the Court to
Request Pro Bono Counsel

(List the full name(s) of the defendant(s)/respondent(s).)

I ask the Court to request a *pro bono* attorney to represent me in this action. In support of my application, I declare under penalty of perjury that the following information is true and correct:

1. Have you previously filed a “Request to Proceed in Forma Pauperis” (an IFP application)?

Please check the appropriate box below:

☐

I have previously filed an IFP application in this case, and it is a true and correct representation of my current financial status.

☐

I have not previously filed an IFP application in this case and now attach an original IFP application showing my financial status.

☐

I have previously filed an IFP application in this case, but my financial status has changed. I have attached a new IFP application showing my current financial status.

2. Explain why you need an attorney in this case. (Please note that requests for *pro bono* counsel are rarely granted at the early stages of a case and usually not before the Court has issued a decision on the merits of the case.) If you asked for an attorney earlier in this case, please also explain what has changed since you last asked for an attorney.

3. Explain what steps you have taken to find an attorney and with what results. (Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to the telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

4. If you need an attorney who speaks a language other than English, state what language(s) you speak: _____.
5. I understand that if an attorney volunteers to represent me and that attorney learns that I can afford to pay for an attorney, the attorney may give this information to the Court.
6. I understand that even if the Court grants this application, I will receive *pro bono* counsel only if an attorney volunteers to take my case and that there is no guarantee that an attorney will volunteer to represent me.
7. I understand that if my answers on this application or in my IFP application are false, my case may be dismissed.

Date

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)